

Child's Name: _____

DOB: _____

CBIS #: _____

Initial and Ongoing Evaluation & Eligibility

Primary Level Evaluation: Findings, Scores & Referrals for Initial Assessment:

Medical PLE Date	Established Risk Condition	Hearing Screening	Vision Screening	Health Status	Developmental PLE Date	Communication	Motor	Adaptive	Social/ Emotional	Cognitive	
											Score
											Initial Asses. Ref. date
											Score
											Initial Asses. Ref. date
											Score
											Initial Asses. Ref. date

Initial Eligibility:

Initial IFSP Date: _____

☐ Established Risk Condition: _____ ICD-9: _____
☐ ≤ -2.0 S.D. in at least 1 Area: Motor _____ Communication _____ Adaptive _____ Social/Emotional _____ Cognitive _____
☐ ≤ -1.5 S.D. in at least 2 Areas: Motor _____ Communication _____ Adaptive _____ Social/Emotional _____ Cognitive _____

Continued Eligibility:

Criteria	IFSP Date	IFSP Date	IFSP Date	IFSP Date	IFSP Date	IFSP Date	IFSP Date	IFSP Date	Team Action
≤ -2.0 Standard Deviation in at least One Area									Develop IFSP
≤ -1.5 Standard Deviation in at least Two Areas									Develop IFSP
If currently eligible & enrolled, < -1.0 Standard Deviation in at least One Area with a Previous Score of ≤ -1.5 Standard Deviation in that Same Area									Develop IFSP
Established Risk Condition & < -1.0 Standard Deviation in at least One Area									Develop IFSP
Established Risk Condition & ≥ -1.0 Standard Deviation in All Areas									Develop IFSP for PSC & Outside Services
No Established Risk Condition & ≥ -1.0 Standard Deviation in All Areas									Transition to Community Resources